

REQUEST FOR ADVANCE FORM – FFY 2005 PROGRAM FUNDS

LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED

FOR SCSL USE ONLY --
LSTA Sub-Grant Award #: _____
FFY 2005 Program Funds
CFDA No. 45.310
Appropriations enacted by P.L. 108-447

#LS-00-05-0041-05
South Carolina State Library
1430 Senate Street
P.O. Box 11469
Columbia SC 29211

Sub-Grant Project Title: _____

I. Sub-grantee (*organization*) Name: _____ Date: _____

II. Project Administrator _____ Phone: _____ E-mail: _____

III. Fiscal Officer _____ Phone: _____ E-mail: _____

USE THIS FORM FOR ADVANCE PAYMENT REQUESTS ONLY. For reimbursement payments, use the "Request for Payment Form."

Prior approval required. Contact LSTA Coordinator. Requests for advance payment should be limited to the sub-grantee's immediate cash needs and are not to exceed anticipated expenditures for a thirty (30) day period. Advance payment requests covering a 90-day period may not exceed \$25,000.00. Complete a form for each (30) day period requested. Documentation is required (invoices, contracts, signed letters of agreement, etc).

PERIOD THAT ADVANCE COVERS: FROM (month, day, year) _____ TO (month, day, year) _____

IV.	Total Award	Funds Expended To Date	Funds Received To Date	Advance Requested	Total Amount Requested*
Personal Services	\$	\$	\$	\$	\$
Library Materials	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

I certify that to the best of my knowledge and belief, the information above is correct and complete and that all requested advances are for purposes set forth in the approved LSTA sub-grant.

Submitted by: (Print Name) _____ Title: _____

Signature: _____ Date: _____

***Attach documentation – See Instructions**